

546 **ANNEX A**  
 547 **Medical Response and Characteristics of Possible or Potential Health Consequences according to the**  
 548 **Type of Nuclear or Radiological Emergency**  
 549 *(Based on Table 2 of IAEA-WHO EPR Medical (2005))*

Type of radiation emergency	Effects related to radiation					Effects related to emergency			Combined trauma	Number of people involved		Effects will appear:	
	deterministic		stochastic		contamination of persons	conventional trauma	psychological			limited	large	on-site	off-site
	ARS <sup>5</sup>	burns	detectable	non-detectable			limited	widespread					
Reactor (NPP, RR)	+/- <sup>6</sup>	+/-	+/-	+	+/-	+/-	-	+	+/-	+	+/-	+	+/-
Criticality	+/-	+/-	-	+	+/-	+/-	+	+/-	+/-	+	-	+	-
Lost/ stolen dangerous sources	+/-	+/-	-	+	+/-	-	+	+/-	-	+	+/-	+	+/-
Resulting from use or misuse of industrial dangerous sources	+/-	+/-	-	+	+/-	-	+	+/-	-	+	+/-	+	+/-
Misadministration in medical diagnosis and therapy	+/-	+/-	-	+ <sup>7</sup>	+/-	-	+	-	-	+	-	+	-
Transport and laboratory	-	-	-	+	+/-	+/-	+	-	+/-	+	-	+	-
Malicious use of radioactive materials	+/-	+/-	-	+	+/-	+/-	-	+	+/-	-	+	+	+/-
Radioactive contamination of air, food products and water supplies	-	-	-	+	+	-	-	+	-	-	+	NA	+

<sup>5</sup> Acute radiation syndrome.

<sup>6</sup> "+" – expected, "-" – not expected, "+/-" depending on the scale of emergency.

<sup>7</sup> For internal application of sources.

551 **ANNEX B**  
552 **Reference List for the Additional Logistical Requirements**  
553 **for Pre-Hospital and Hospital Level Response**  
554 **for Nuclear or Radiological Emergencies**

555 *(Based on Appendix VI of IAEA-WHO EPR Medical (2005))*  
556  
557

558 **I. Radiation survey instruments**

- 559 a. multipurpose gamma/beta monitor
- 560 b. alpha/beta surface contamination monitor
- 561 c. area monitor
- 562 d. check sources
- 563 e. beta/gamma surface contamination monitor

564  
565 **II. Personal protection equipment and supplies (per team member)**

- 566 a. Self-reading dosimeters
- 567 b. Permanent dosimeter
- 568 c. Protective overalls
- 569 d. Overshoes
- 570 e. Cotton gloves, vinyl gloves, rubber gloves

571  
572 **III. Instrumentation**

- 573 a. set of standard surgical instruments
- 574 b. equipment for blood transfusion
- 575 c. disposable syringes
- 576 d. blood cell counter
- 577 e. microscope
- 578 f. equipment for preparing blood smears
- 579 g. containers for collecting biological samples
- 580 h. phlebotomy kits
- 581 i. ambubag and mask
- 582 j. defibrillator, batteries and charger
- 583 k. containers for biological sample collection and
- 584 l. storage

585  
586 **IV. First aid kit**

- 587 a. Analgesics
- 588 b. Cardiogenic drugs
- 589 c. Antihypotensive or antihypertensive drugs
- 590 d. Antiemetics
- 591 e. Antibiotics
- 592 f. Diuretics
- 593 g. Topical antibiotic cream

- 594 h. Rehydration salts
- 595 V. **Decontamination kit**
- 596 a. Saturated solution of  $\text{KMnO}_4$
- 597 b. 5%  $\text{NaHSO}_3$
- 598 c. 0.2 N  $\text{H}_2\text{SO}_4$
- 599 d. 5% sodium hypochlorite solution
- 600 e. HCl solution 0.1 N
- 601 f. Sterile eyewash solution
- 602 g. Surgical cotton rolls
- 603 h. Cotton applicators for nasal swabs
- 604 i. Masking tape
- 605 j. Brushes, including nail brushes
- 606 k. Paraffin gauze dressings
- 607 l. Swabs
- 608 m. Nasal catheters
- 609 n. Detergents
- 610 o. Sterile water for wound and skin
- 611 p. Decontamination indelible felt pens for marking contaminated spots

612

613 VI. **Decorporation kit**

614

<i>Target radionuclides</i>	<i>Substance</i>
Cesium	Prussian Blue
Strontium	Alginate, Strontium gluconate or lactate
Radium	Aluminum phosphate
Uranium	Isotonic sodium bicarbonate
Transuranics, lanthanides, manganese, iron, cobalt, zirconium, ruthenium	Pentetate Calcium Trisodium (Ca-DTPA)
Calcium, strontium, barium, radium	Calcium gluconate
Cobalt	Cobalt gluconate
Iodine	Potassium iodine
Strontium, radium	Aluminium phosphate, Barium sulphate, Magnesium sulphate
Mercury, lead, polonium	Dimercaprol
Iron, plutonium	Deferoxamine
Copper, iron, mercury, lead, gold, other heavy metals	Penicillamine
Tritium	Diuretics

- 615
- 616 VII. **Recommended general supplies**
- 617 a. Portable radio with adjustable frequencies
- 618 b. Mobile phone
- 619 c. PC (notebook)
- 620 d. Spare batteries

- 621 e. Critical spare parts
- 622 f. Plastics sheets, tapes, bags (different sizes)
- 623 g. Surgical clothing
- 624 h. Sheets and blankets
- 625 i. Portable stretchers
- 626 j. Tags and adhesive labels
- 627 k. Medical information forms
- 628 l. Patient forms
- 629 m. Drapes
- 630 n. Waste bags
- 631 o. Administrative supplies
- 632 p. Cases for shipment
- 633 q. Torch
- 634

635 **VIII. Laboratory equipment (Hospital Level)**

- 636 a. Centrifuge
- 637 b. Large refrigerator (for preserving samples)
- 638 c. Freezer (for storing samples)
- 639 d. Different reagents, depending on the type of samples and radionuclides to be
- 640 measured

641 **ANNEX C**

642 **Functions of Entities Involved in the Medical Response**  
643 **to a Nuclear or Radiological Emergency**

644

645

646 **I. First Responder**

647

648 A. The First Responder is the first person or team to arrive at the scene of an  
649 emergency and is specifically categorized in this Order for its functional role in  
650 medical emergency response.

651 B. The First Responder is responsible for dealing with the general aspects of the  
652 emergency at the scene in accordance with current emergency protocols and  
653 procedures. They are also responsible for providing standard first aid for injured  
654 people, if qualified, until the arrival of the Specialized Health Emergency Response  
655 Team (HERT).

656 C. In a facility where radioactive sources, radioactive material, or radiation generators  
657 are used, the First Responder may be the Radiation Protection Officer.

658 D. For an emergency in a public place, the First Responder may be one of the  
659 emergency services, i.e., police, fire service, emergency medical responders, or the  
660 HERT itself.

661 E. Non-medical interventions and emergency mitigation procedures of first  
662 responders are not covered under this Order pursuant to Section III and shall be  
663 specified through a different issuance in support of the RADPLAN.

664

665

666 **II. Operations Center**

667

668 A. The Operations Center (OpCen) of the Health Emergency Management Bureau  
669 (HEMB) of the Department of Health initiates the formal medical emergency  
670 response, in coordination with PNRI, after notification of a real or suspected  
671 nuclear or radiological emergency.

672 B. OpCen may receive notification and detection triggers for verification from, but  
673 not limited to, the first responders, the RADPLAN or the National, Regional,  
674 Provincial or City-wide DRRM notification and trigger systems, or the Event-  
675 based Surveillance System of the DOH.

676 C. The OpCen is responsible for obtaining basic information characterizing the  
677 emergency and notifying the appropriate level of medical response, in coordination  
678 with the PNRI:

679

680 1. At the pre-hospital level, applicable HERTs is to be notified and mobilized.

681 2. At the hospital level, the Hospital Incident Command System (HICS)  
682 Commander is to be notified.

- 683 3. In the case of public health response initiation, the Public Health Advisor, in  
684 coordination with the PNRI, is to be alerted in accordance with the existent  
685 system of emergency response.  
686  
687

### 688 **III. Specialized Health Emergency Response Team** 689

- 690 A. The HERT is the specialized medical team coming to the scene of the emergency  
691 upon notification and is responsible for providing first aid to casualties. They  
692 respond through the notification of the OpCen or as first responders to the scene.  
693 B. The HERT should also perform triaging at the scene of the nuclear or radiological  
694 emergency, taking into account the number of casualties.  
695 C. The HERT is any type of HERT, with composition and functions defined in Annex  
696 1 of DOH AO No. 2018-0018, that responds to a nuclear or radiological emergency  
697 depending on the characteristics and assessment of the situation by the OpCen,  
698 provided that such HERT, or any combination thereof, is augmented with a  
699 specialized expert team for nuclear or radiological emergencies.  
700 D. The supplementary specialized expert team should have knowledge of emergency  
701 medicine, the basic biological effects of ionizing radiation, and radiation  
702 protection, and should include the following, where applicable:  
703  
704 1. **Radiological Assessor**  
705 a. A health/medical physicist or a team of radiological professionals,  
706 sent to the scene of the emergency.  
707 b. The Radiological Assessor, together with his/her team, assesses the  
708 radiological hazards, based on this Order and relevant references, and  
709 provides radiation protection for the First Responders, SHERT, and  
710 other responders on scene.  
711 c. They are responsible for the surveys, contamination control, and, if  
712 necessary to be performed on scene, arranging the decontamination  
713 operations among injured persons.  
714  
715 2. **Decontamination Team**  
716 a. The Decontamination Team conducts personal and equipment  
717 contamination monitoring on the scene of an emergency. This team  
718 shall assist HERT personnel with personal monitoring of injured  
719 people and prevention of the spread of contamination.  
720 b. The team members need to be skilled in the use of radiation monitors  
721 to assess contamination of the skin and clothing, to prevent the spread  
722 of contamination and to monitor the efficiency of decontamination  
723 procedures. They must be skilled in safe disrobing techniques as well  
724 as thyroid measurement (screening).

725 c. The Decontamination Team acts in cooperation with the Radiological  
726 Assessor.

727

728 3. **Specialized Ambulance Team**

729 a. The specialized ambulance team is the ambulance team defined in  
730 Annex 1 of DOH AO No. 2018-0018, with coordination and  
731 assistance with the decontamination team and the radiological  
732 assessor.

733 b. The specialized ambulance team conducts medical transport of  
734 casualties and coordination with identified referral hospitals through  
735 its Hospital Incident Command System.

736

737 **IV. Hospital Incident Command System (HICS) Commander**

738

739 A. The HICS Commander responds at the hospital level upon notification of the  
740 arrival of the casualties by the HERT or the Specialized Ambulance Team.

741 B. This role is typically taken by the Medical Director or Chief of Hospital or their  
742 designated HICS Commander.

743 C. He / She is responsible for managing the actions of the First Receivers, the  
744 Specialized Medical Teams of the appropriate service, and the Health/Medical  
745 Physicist, if necessary.

746 D. He / She manages the implementation of the decision whether or not to refer the  
747 patient to other hospitals, if necessary.

748

749

750 **V. First Receivers**

751

752 A. The First Receivers, a group of physicians, nurses, other allied medical  
753 professionals, and support personnel from the hospital, is the team activated upon  
754 notification that casualties shall arrive at the hospital from a nuclear or radiological  
755 emergency.

756 B. This team is responsible for accepting the casualty in the prepared reception area,  
757 assessing the patient's medical status, and providing the necessary treatment. They  
758 shall also perform triaging of casualties at the hospital level.

759 C. The First Receivers should decide about maintaining the patient in the appropriate  
760 services of the hospital or removing him/her after clinical stabilization to the  
761 referral hospital directly in coordination with the HICS Commander. (Hospital  
762 Triage and Patient Decontamination)

763 D. Each member of the team shall be familiar with the hospital's emergency plan and  
764 should be trained in scheduled drills pursuant to this Order.

765 E. The first receivers shall coordinate with the hospital dosimetry team and the  
766 biological dosimetry laboratory, if available, for proper diagnosis, dose assessment,  
767 and administration of treatment for subsequent radiation injuries.

768  
769  
770  
771  
772  
773  
774  
775  
776  
777  
778  
779  
780  
781  
782  
783  
784  
785  
786  
787  
788  
789  
790  
791  
792  
793  
794  
795  
796  
797  
798  
799  
800  
801  
802  
803  
804  
805  
806  
807  
808  
809  
810

**VI. Specialized Medical Team**

- A. The specialized medical team is responsible for providing the necessary treatment for the patient, taking into account possible external/internal contamination.
- B. They are composed of medical specialists with qualifications in accordance with the specialty of the service, e.g., traumatologist, surgeon, hematologist, etc.
- C. They shall follow, where applicable, the established Clinical Practice Guidelines in the diagnosis, treatment, and management of radiation injuries.
- D. They are responsible for decisions on the transfer of patients to other departments or hospitals after clinical stabilization in the appropriate service of the hospital, in coordination with the HICS Commander.

**VII. Dosimetry Team**

- A. The Dosimetry Team of the hospital, composed of the health/medical physicists, conducts personal and equipment contamination monitoring at the hospital level, decontamination of the patients and assessment of decontamination efficiency in the hospital, in coordination with the HICS commander.
- B. The Dosimetry Team performs dose reconstruction for medical purposes and estimation of doses received in emergency conditions by the emergency workers and/or members of the public. Necessary methodologies on dose assessment, among others, are used.
- C. This team is responsible for complete dose evaluation for the patient and relevant information on environmental measurements.
- D. The team is also responsible for providing data on dose assessment to the first receivers or the specialized medical team, to make necessary corrections in the treatment and conclude on prognosis of the patient status and surveillance.

**VIII. Biological Dosimetry Laboratory**

- A. The biological dosimetry laboratory is a DOH authorized tertiary clinical laboratory with specialized services for biological dosimetry, human radiation cytogenetics, radiopathology, and in-vitro and in-vivo bioassay techniques for radiation protection and treatment purposes.
- B. The laboratory should work in cooperation with the First Receivers, Specialized Medical Team, and the Dosimetry Team, in coordination with the HICS Commander.



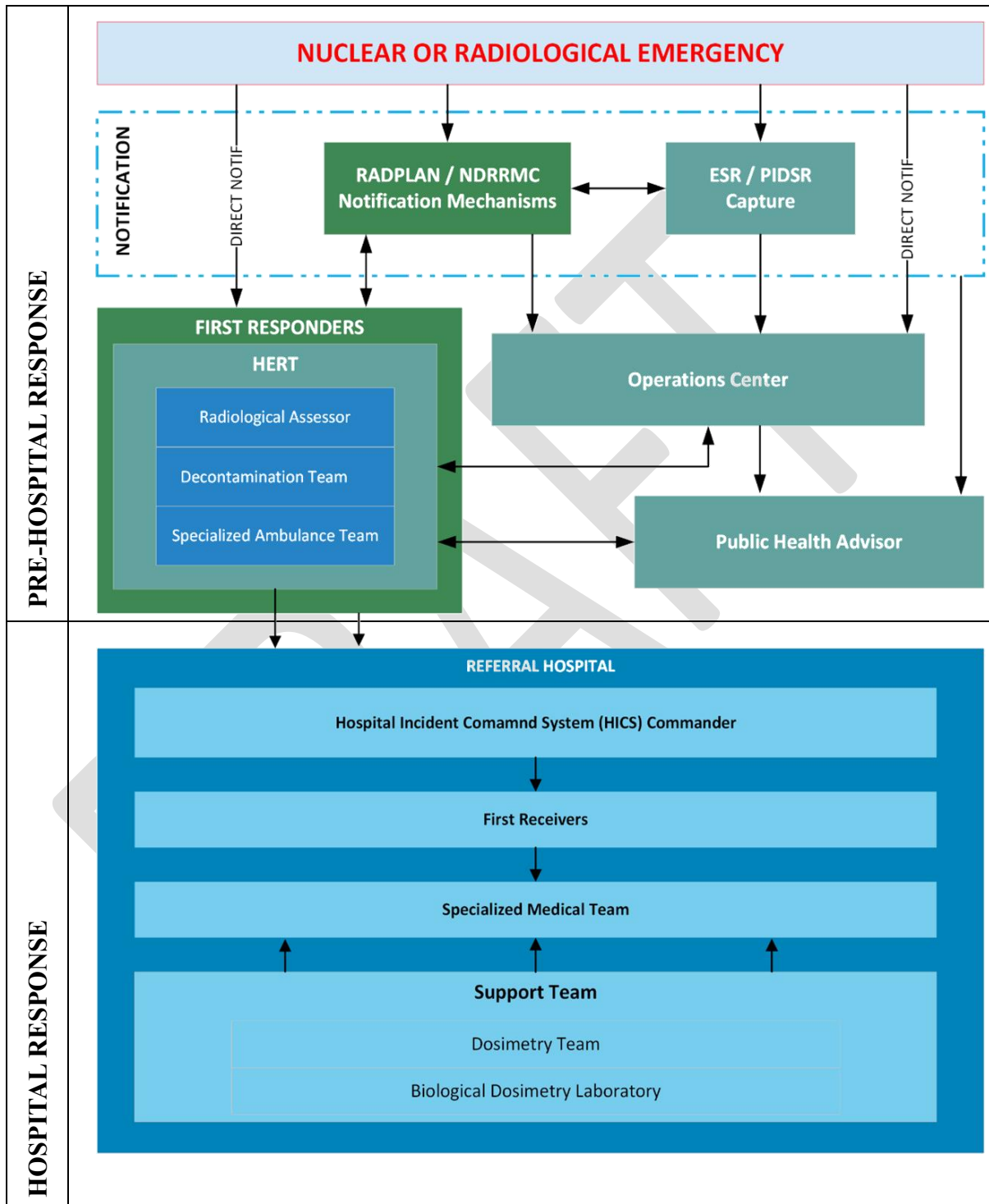
811 **IX. Referral Hospital**

812

813 The Referral Hospital is the specialized care center defined by this Order,  
814 located inside or outside the country, with personnel experienced in dealing with  
815 patients injured by radiation. The Referral Hospital is responsible for providing  
816 the patient with highly qualified treatment.

817

DRAFT



823 ANNEX E

824 **Classification of Casualties for Planning and Triaging Purposes**  
825 **in a Nuclear or Radiological Emergency**

826 *(Based on Section 2.3.3. of IAEA-WHO EPR Medical 2005)*

827

828 I. **Types of Potential Injury**

829

830 A. **Conventional injury** – typical injuries caused by other hazards other than  
831 radiation, such as fires or explosion/panic due to malicious acts, or from  
832 other mass panic actions.

833

834 B. **External exposure** – exposure to radiation from a source outside the body.

835

836 C. **Contamination** – release of radioactive material (solid, liquid, or gas) to  
837 the environment which may cause both external and internal damage.

838

839 D. **Combined Injury** – any combination of conventional injury plus  
840 radiation exposure.

841

842 II. **Application of Classification for Planning and Triaging Purposes**

843

844 A. **Persons with symptoms of radiation exposure** – with common early  
845 signs of acute radiation exposure due to high doses of ionizing radiation.  
846 Symptoms may include, but are not limited to, nausea and vomiting.

847

848 B. **Persons with combined injuries** – persons with radiation injury plus  
849 conventional trauma.

850

851 C. **Persons with internal / external contamination** – persons to be  
852 monitored and treated depending on the assessment of contamination.  
853 Decontamination facilities shall be required to prevent or reduce further  
854 exposure, reduce risk of inhalation or ingestion of radioactive material,  
855 and to reduce the spread of contamination.

856

857 D. **Persons with potential radiation symptoms** – persons that do not need  
858 immediate medical treatment but require urgent evaluation of the level of  
859 dose they have received.

860

861 E. **Unexposed persons with conventional trauma** – persons that need  
862 medical treatment for conventional injuries.

863

864 F. **Persons believed to be uninjured and unexposed** – persons injured and  
865 unexposed shall be allowed to return to their homes, provided that all

866  
867  
868  
869  
870  
871  
872  
873  
874

persons around the vicinity of the emergency are accounted or registered for proper medium to long term re-assurance and to avoid false claims after the emergency.

- G. **Persons requiring mental health services** – All individuals involved in the emergency, including but are not limited to, the radiation workers, casualties, and the general public, that may experience varying degrees of psychological distress.

DRAFT

875 **ANNEX F**

876 **Generic Procedures for the Medical Response to a Nuclear or Radiological Emergency**

877

878 These generic procedures shall be specified in the Manual of Procedures for the Medical  
879 Response to Nuclear or Radiological Emergencies in accordance with this Order:

880

881 **I. Medical Response Initiation Procedures**

882

883 **A. Notification Mechanisms**

884

885 Several notification mechanisms can be considered in a nuclear or radiological  
886 emergency. These include the NDRRMC and RADPLAN Alert and Notification  
887 system, the DOH-EB Event-based Surveillance and Response (ESR) and verified  
888 direct notification from the First Responders and other individuals or entities at  
889 the site of the emergency. Protocols and procedures shall be in accordance with  
890 the relevant system involved.

891

892 **B. Initiation of Pre-Hospital Response**

893

894 Upon notification of a nuclear or radiological emergency with casualties, the First  
895 Responder initiates a formal emergency medical response to the emergency and  
896 notifies the Operations Center (OpCen).

897

898 **C. Initiation of Hospital Response**

899

900 With the notification of the Hospital Incident Command System (HICS) on the  
901 arrival of casualties due to nuclear or radiological emergency, the HICS initiates  
902 a formal emergency medical response at the hospital level.

903

904 **D. Initiation of General Emergency Response**

905

906 Physicians initiate general emergency response upon early detection or suspicion  
907 of radiation injury inside a hospital setting.

908

909 **E. Initiation of Public Health Response**

910

911 Upon notification of a real or potential nuclear or radiological emergency with  
912 potential threat to the public, the Public Health Advisor, in coordination with the  
913 NDRRMC and the advice of the PNRI, shall initiate the issuance of an appropriate  
914 advisory related to public health response.

915

916 **II. Medical Response at the Scene (Pre-Hospital Level)**

917

918 **A. Actions on the Scene until Arrival of the Specialized Health Emergency**  
919 **Medical Response Team**

920  
921 The First Responder, who is adequately trained in techniques of basic first aid,  
922 determines and establishes an isolation area, establishes an ICS, performs  
923 emergency first aid for injured person/s at the scene, and establishes triage. The  
924 First Responder may also be the Specialized Health Emergency Response Team  
925 already.

926  
927 **B. On-site Emergency Medical Response**

928  
929 The Specialized Health Emergency Response Team arriving on the scene  
930 performs response actions in accordance with the assessment of the status of the  
931 victims where priority is given to the management of life-threatening injuries.  
932 Where applicable and available, a radiological assessor, which is the medical or  
933 health physicist of the sending health facility, shall perform dose assessments in  
934 support of the response action.

935  
936 **C. On-Site Decontamination**

937  
938 The Decontamination Team, as part of the HERTs, shall conduct the personal and  
939 equipment contamination monitoring on the scene of the emergency and  
940 decontamination procedures.

941  
942 **D. Transport of Victims to Hospital**

943  
944 The Specialized Ambulance Team shall transport the victims, whether exposed or  
945 contaminated, to the hospital emergency department. Medical assessment and  
946 treatment during transport are continued where necessary.

947  
948 **III. Response at the Hospital Level**

949  
950 **A. Triage, Assessment, and Preliminary Treatment**

951  
952 Upon notification of the HICS, a specialized triaging area and preliminary  
953 treatment area shall be set up by the First Receivers in the receiving hospital for  
954 casualties of a nuclear or radiological emergency. Arrangements for  
955 contamination control in the hospital are prepared and established for the  
956 admission of contaminated victims, if any.

957  
958 **B. Decontamination and Decorporation in the Preliminary Treatment Area**

959

960 When applicable, proper methods of the decontamination and/or decorporation of  
961 patients are performed in the preliminary treatment area.

962  
963 **C. Assessment and Treatment in the Appropriate Hospital Service**

964  
965 Upon referral of the First Receivers, the specialized medical team shall assess and  
966 treat patients with conventional injuries or severe radiation exposure who are  
967 admitted to the appropriate hospital service, e.g, hematology, surgery, or burns  
968 department. This is after the patients have been medically stabilized and  
969 decontaminated, if necessary.

970  
971 **D. Transfer of Patients to Referral Hospitals**

972 When the patient's medical/radiological conditions exceed the medical care  
973 capabilities of the receiving hospital, the transfer of the patient to the nearest  
974 designated specialized care facility shall be arranged in coordination with the  
975 HICS.

976  
977 **IV. Dose Assessment**

978  
979 **A. Radiation Dose Assessment for Medical Purposes**

980  
981 Appropriate measurements are performed, and necessary data are obtained for  
982 dose assessment for medical purposes by the medical physicist of the hospital.

983  
984 **B. Cytogenetic Dosimetry, Radiopathology, and Bioassay**

985  
986 Cytogenetic dosimetry is performed as the gold standard for assessing external  
987 doses in cases of whole-body irradiation. While radiopathology, in-vitro, and in-  
988 vivo Bioassay are done to estimate the total activity of radionuclides in the whole  
989 body, specific regions of the body, or tissue samples. These can be done by the  
990 National Biological Dosimetry Laboratories in specialized care centers, at the  
991 PNRI, or through the assistance of international organizations.

992  
993 **V. Mental Health and Psychosocial Support for the Public, Emergency Responders,  
994 and Patients During a Nuclear or Radiological Emergency**

995  
996 Mental health and psychosocial support for the public, emergency responders,  
997 and patients shall be provided and maintained, in accordance with the Mental  
998 Health Act, its Implementing Rules and Regulations, and other DOH guidelines  
999 for mental health and psychosocial support during emergency and disaster  
1000 situations.

1001  
1002 **VI. Public Health Response**

1003  
1004  
1005  
1006  
1007  
1008  
1009  
1010  
1011  
1012  
1013  
1014

**A. Administration of Stable Iodine Prophylaxis**

Upon coordination and advice of the PNRI and the NDRRMC, the DOH, through its Public Health Advisor, shall order the administration of stable iodine prophylaxis.

**B. Long Term Medical Follow-up**

Arrangements shall be made for long-term medical follow-up after the radiation emergency.

DRAFT



1015 **ANNEX G**

1016

1017 **REFERENCES**

1018

- 1019 Department of Health. (2020). *DOH Administrative No. 2020-0019 or the Guidelines on the Service*  
1020 *Delivery Design of Health Care Provider Networks*. Manila, Philippines: DOH.
- 1021 Department of Health. (2004). *DOH Administrative Order No. 168 s. 2004 or the National Policy on*  
1022 *Health Emergencies and Disasters*. Manila, Philippines: DOH.
- 1023 Department of Health. (2018). *DOH Administrative Order No. 2018-0018 or the National Policy on the*  
1024 *Mobilization of Health Emergency Response Teams*. Manila: DOH.
- 1025 Department of Health. (2020). *DOH Administrative Order No. 2020-0036 or the Guidelines on the*  
1026 *Institutionalization of Disaster Risk Reduction and Management* . Manila, Philippines: DOH.
- 1027 Department of Health. (2022). *DOH Administrative Order No. 2022-0002 or the Guidelines on the*  
1028 *Managment of the Philippine and International Health Emergency Response Teams (P/IHERTs)*  
1029 *During Emergencies and Disasters*. Manila, Philippines: DOH.
- 1030 Department of Health. (2023). *8-Point Action Agenda as the Medium-Term Strategy of the Health Sector*  
1031 *for 2023-2028*. Manila, Philippines: DOH.
- 1032 Department of Health. (2023). *DOH Administrative Order No. 2023-0002 or the Institutionalization of*  
1033 *the Expanded National Practice Guidelines Program*. Manila: DOH.
- 1034 International Atomic Energy Agency. (1998). *Safety Reports Series No. 2 - Diagnosis and Treatment of*  
1035 *Radiation Injuries*. Vienna: IAEA.
- 1036 International Atomic Energy Agency. (2015). *Preparedness and Response for a Nuclear or Radiological*  
1037 *Emergency - General Safety Requirements No. GSR Part 7*. Vienna, Austria: IAEA. Retrieved  
1038 from [https://www.iaea.org/publications/10905/preparedness-and-response-for-a-nuclear-or-](https://www.iaea.org/publications/10905/preparedness-and-response-for-a-nuclear-or-radiological-emergency)  
1039 [radiological-emergency](https://www.iaea.org/publications/10905/preparedness-and-response-for-a-nuclear-or-radiological-emergency)
- 1040 International Atomic Energy Agency. (2020). *Safety Reports Series No. 101 - Medical Management of*  
1041 *Radiation Injuries*. Vienna, Austria: IAEA.
- 1042 International Atomic Energy Agency, World Health Organization. (2005). *Generic procedures for*  
1043 *medical response during a nuclear or radiological emergency*. Vienna, Austria: IAEA.  
1044 Retrieved from [https://www-pub.iaea.org/MTCD/Publications/PDF/EPR-MEDICAL-](https://www-pub.iaea.org/MTCD/Publications/PDF/EPR-MEDICAL-2005_web.pdf)  
1045 [2005\\_web.pdf](https://www-pub.iaea.org/MTCD/Publications/PDF/EPR-MEDICAL-2005_web.pdf)
- 1046 National Disaster Coordinating Council. (2002). *National Radiological Emergency Preparedness and*  
1047 *Response Plan (RADPLAN)*. Manila, Philippines: NDCC.
- 1048 National Disaster Risk Reduction and Management Council. (2020). *National Disaster Risk Reduction*  
1049 *and Management Plan 2020-2030*. Quezon City, Philippines: Office of Civil Defense.  
1050 Retrieved from [https://ndrrmc.gov.ph/attachments/article/4147/NDRRMP-Pre-Publication-](https://ndrrmc.gov.ph/attachments/article/4147/NDRRMP-Pre-Publication-Copy-v2.pdf)  
1051 [Copy-v2.pdf](https://ndrrmc.gov.ph/attachments/article/4147/NDRRMP-Pre-Publication-Copy-v2.pdf)

- 1052 Nineteenth Congress. (2022). *Republic Act No. 11959 or the Regional Specialty Centers Act*. Quezon  
1053 City: Congress of the Philippines.
- 1054 Office of the President. (2022). *Executive Order No. 164 s. 2022 or Adopting a National Position for a*  
1055 *Nuclear Energy Program, and for other Purposes*. Manila, Philippines: Official Gazette.  
1056 Retrieved from [https://www.officialgazette.gov.ph/2022/02/28/executive-order-no-164-s-](https://www.officialgazette.gov.ph/2022/02/28/executive-order-no-164-s-2022/)  
1057 [2022/](https://www.officialgazette.gov.ph/2022/02/28/executive-order-no-164-s-2022/)
- 1058 Office of the President. (2023). *Executive Order No. 14, s. 2023 or Approving and Adopting the*  
1059 *Philippine Development Plan for the Period of 2023-2028*. Manila, Philippines: Official  
1060 Gazette. Retrieved from [https://www.officialgazette.gov.ph/2023/01/27/executive-order-no-](https://www.officialgazette.gov.ph/2023/01/27/executive-order-no-14-s-2023/)  
1061 [14-s-2023/](https://www.officialgazette.gov.ph/2023/01/27/executive-order-no-14-s-2023/)
- 1062 Seventeenth Congress of the Philippines. (2019). *Republic Act No. 11332 or An Act Providing Policies*  
1063 *and Prescribing Procedures on Surveillance and Response to Notifiable Diseases, Epidemics,*  
1064 *and Health Events of Public Health Concern, and Appropriating Funds Therefor, Repealing for*  
1065 *the Purpose...*". Quezon City: Congress of the Philippines. Retrieved from  
1066 <https://www.officialgazette.gov.ph/2019/04/26/republic-act-no-11332/>
- 1067 World Health Organization. (2016). *International Health Regulations (2005) – Third edition*. France:  
1068 WHO. Retrieved from <https://www.who.int/publications/i/item/9789241580496>
- 1069 World Health Organization. (2024). *Radiation Emergency Medical Preparedness and Assistance*  
1070 *Network (REMPAN)*. Retrieved from World Health Organization (WHO) Website:  
1071 <https://www.who.int/groups/rempan>